

## DRIVER'S HEARING REQUEST

SUBJECT'S NAME (Last, First, MI)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE/TIME OF ARREST
DRIVER LICENSE NUMBER			

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive.

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made in within thirty (30) days after receipt of this notice, and may be made either online or in writing. A fee of \$100 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within thirty (30) days from receipt of this notice, or the \$100 fee or Application for Fee Waiver Due to Indigence (see reverse) is not included, you will be deemed to have waived your right to a hearing.

**ONLINE REQUEST** – If you have a Washington driver license and a valid MasterCard or Visa credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at <http://www.dol.wa.gov/ds/hrnginfo.htm>

**WRITTEN REQUEST** – You may choose to request a hearing in writing. The request must be postmarked within thirty (30) days after receipt of this notice. When completed, mail request form and \$100 fee to:  
Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

**INDIGENCY**– If applying for waiver of fee due to indigence, mail request form and fee waiver application (see reverse) to:  
Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

- Whether you were under arrest.
- Whether an officer had reasonable grounds to believe you had been driving or were in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or were in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
- Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
- Whether you refused to submit to the test, or  
If the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.

ATTORNEY'S NAME (If any)			YOUR SIGNATURE		
ATTORNEY'S ADDRESS			PRINT YOUR NAME		
CITY	STATE	ZIP	YOUR MAILING ADDRESS		
ATTORNEY'S (AREA CODE) PHONE NUMBER			YOUR CITY	STATE	ZIP
ATTORNEY'S (AREA CODE) FAX NUMBER			YOUR DAYTIME (AREA CODE) PHONE NUMBER		
			YOUR (AREA CODE) FAX NUMBER		

YOU ARE HEREBY ADVISED that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

REQUEST FOR INTERPRETER <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am Hearing Impaired	PRIMARY LANGUAGE	DIALECT
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If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$100 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 30 days of the date of arrest to avoid denial.

**AFFIDAVIT:** *I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct and that I have not been denied a court-appointed attorney for financial reasons. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.*

PLACE SIGNED

HRNG-525-001 APP FOR WAIVER OF HEARING FEE (R/12/02)OR/W Page 2 of 2

FOR DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____